

Exhibit E – Part 1

REDACTED

Calistoga, CA 94515

February 1, 2006

RE: Disability Policy No. 1257-758

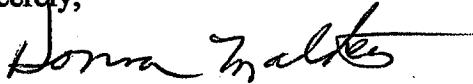
Elaine Bourg
Claims Associate
Individual Administration
Box 60219
New Orleans, LA 70160-0219

Dear Ms. Bourg,

I am enclosing my W-2 form for 2005, along with the tax returns, as requested, for 2003 and 2004 because my family lived and worked in Spain from August 2003 to September 2004. Consequently, my income for that time period was significantly reduced, and I believe my W-2 tax form will provide a better representation of my income.

Please do not hesitate to contact me if you have any further questions. I waited to send all this information until I received my W-2 form.

Sincerely,



Donna Mathews



REDACTED

PAL 0874

4562

Department of the Treasury
Internal Revenue ServiceDepreciation and Amortization
(Including Information on Listed Property)► See separate instructions.
► Attach to your tax return.

2004

67

Name(s) shown on return

ARTHUR J. AND DONNA R. MATHEWS

Business or activity to which this form relates

Identifying number
REDACTED 7463

FORM 2106 - ARTHUR J. MATHEWS (TEACHER)

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See instructions for a higher limit for certain businesses.....	1	\$102,000.
2 Total cost of section 179 property placed in service (see instructions).....	2	
3 Threshold cost of section 179 property before reduction in limitation.....	3	\$410,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.....	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29.....	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from line 13 of your 2003 Form 4562.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs).....	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12..... ► 13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions).....	14	
15 Property subject to section 168(f)(1) election (see instructions).....	15	
16 Other depreciation (including ACRS) (see instructions).....	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2004.....	17	218.
18 If you are electing under section 168(j)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here..... ► <input type="checkbox"/>		

Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property.....						
b 5-year property.....						
c 7-year property.....						
d 10-year property.....						
e 15-year property.....						
f 20-year property.....						
g 25-year property.....			25 yrs		S/L	
h Residential rental property.....			27.5 yrs	MM	S/L	
i Nonresidential real property.....			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	



Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20a Class life.....				S/L	
b 12-year.....			12 yrs		S/L
c 40-year.....			40 yrs	MM	S/L

Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28.....	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions.....	22	218.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.....	23	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDI20812L 09/30/04

Form 4562 (2004)

REDACTED

PAL 0875

b Employer ID no. (EIN) 68-0369062	3 Social security wages 71811.50	4 Social security tax withheld 4452.31
5 Medicare wages and tips 71811.50	6 Medicare tax withheld 1041.27	

c Employer's name, address, and ZIP code
BROWNS VALLEY DENTAL
3257 BROWNS VALLEY ROAD
NAPA, CA 94558

d Employee's social security number
4454

e Employee's name, address, and ZIP code
DONNA R DUPELL-MATHEWS
REDACTED CALISTOGA, CA 94515

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 D 3481.59
13 Statutory employee Retirement plan X	14 Other CASDI 775.56	12b Code 12c Code 12d Code
Third-party sick pay		
CA 321 6506 0	68329.91	2343.93
15 State Employer's state ID no. 18 Local wages, tips, etc.	16 State wages, tips, etc. 19 Local income tax	17 State income tax 20 Locality name

Form W-2 Wage and Tax Statement 2005 Dept. of the Treasury -- IRS
This information is being furnished to the Internal Revenue Service.

Q-1-71
This information is being furnished to IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable & you fail to report it.

Copy C--For EMPLOYEE'S RECORDS. (See Notice to Employee.)		39-1908647 OMB No. 1545-0008
a Control number CA00031	1 Wages, tips, other comp. 68329.91	2 Federal income tax withheld 8694.99
b Employer ID no. (EIN) 68-0369062	3 Social security wages 71811.50	4 Social security tax withheld 4452.31
	5 Medicare wages and tips 71811.50	6 Medicare tax withheld 1041.27

c Employer's name, address, and ZIP code
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3257 BROWNS VALLEY ROAD
NAPA, CA 94558

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Form W-2 Wage and Tax Statement 2005 Dept. of the Treasury -- IRS

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DONNA R DUPELL-MATHEWS
REDACTED CALISTOGA, CA 94515

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Form W-2 Wage and Tax Statement 2005 Dept. of the Treasury -- IRS

5 BW24UP NTF 2581879 Copyright 2004 Greatland/Nelco
Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return.
39-1908647
OMB No. 1545-0008

a Control number CA00031	1 Wages, tips, other comp. 68329.91	2 Federal income tax withheld 8694.99
b Employer ID no. (EIN) 68-0369062	3 Social security wages 71811.50	4 Social security tax withheld 4452.31
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BROWNS VALLEY DENTAL
3257 BROWNS VALLEY ROAD
NAPA, CA 94558

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4454

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DONNA R DUPELL-MATHEWS
REDACTED CALISTOGA, CA 94515

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15 State Employer's state ID no. 18 Local wages, tips, etc.	16 State wages, tips, etc. 19 Local income tax	17 State income tax 20 Locality name

Form W-2 Wage and Tax Statement 2005 Dept. of the Treasury -- IRS

REDACTED

Form 1040

U.S. Individual Income Tax Return

2004

(99)

IRS Use Only — Do not write or staple in this space.

Label
(See instructions.)Use the
IRS label.
Otherwise,
please print
or type.Presidential
Election
Campaign
(See instructions.)

For the year Jan 1 - Dec 31, 2004, or other tax year beginning

, 2004, ending

, 20

OMB No. 1545-0074

Your first name MI Last name

REDACTED

7463

ARTHUR J. MATHEWS

If a joint return, spouse's first name MI Last name

DONNA R. MATHEWS

Home address (number and street). If you have a P.O. box, see instructions.

Apartment no.

Spouse's social security number

REDACTED 2454

REDACTED

City, town or post office. If you have a foreign address, see instructions.

State ZIP code

CALISTOGA, CA 94515

▲ Important! ▲
You must enter your social security number(s) above.► Note: Checking 'Yes' will not change your tax or reduce your refund.
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ►

You Yes No Spouse Yes No

Filing Status

1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above & full name here ►

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ►

5 Qualifying widow(er) with dependent child (see instructions)

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a.
 b Spouse

Boxes checked on 6a and 6b.

2

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see instrs.)

Dependents on 6c not entered above.

Add numbers on lines above ►

3

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) if qualifying child for child tax credit (see instrs)

X

1

5489 SON

If more than four dependents, see instructions.

Income

Attach Form(s)
W-2 here. Also
attach Forms
W-2G and 1099-R
if tax was withheld.If you did not
get a W-2,
see instructions.Enclose, but do
not attach, any
payment. Also,
please use
Form 1040-V.Adjusted
Gross
Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	50,468.
8a Taxable interest. Attach Schedule B if required.	8a	37.
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	
b Qualif divs (see instrs)	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	1,313.
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13 Capital gain or (loss). Alt Sch D if reqd. If not reqd, ck here	13	50.
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	b Taxable amount (see instrs)
16a Pensions and annuities	16a	b Taxable amount (see instrs)
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-7,300.
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	b Taxable amount (see instrs)
21 Other income FORM 2555	21	-11,194.
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	33,374.
23 Educator expenses (see instructions)	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 IRA deduction (see instructions)	25	
26 Student loan interest deduction (see instructions)	26	
27 Tuition and fees deduction (see instructions)	27	360.
28 Health savings account deduction. Attach Form 8889	28	
29 Moving expenses. Attach Form 3903	29	6,563.
30 One-half of self-employment tax. Attach Schedule SE	30	
31 Self-employed health insurance deduction (see instrs)	31	
32 Self-employed SEP, SIMPLE, and qualified plans	32	
33 Penalty on early withdrawal of savings	33	
34a Alimony paid b Recipient's SSN	34a	
35 Add lines 23 through 34a	35	6,923.
36 Subtract line 35 from line 22. This is your adjusted gross income	36	26,451.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

FDIA0112L 11/10/04

Form 1040 (2004)

RECEIVED
POLICY BENEFIT
DEPARTMENT

CFC

REDACTED

PAL 0882

SCHEDULE A

(40)

Department of the Treasury
Internal Revenue Service (99)

Item(s) shown on Form 1040

Itemized Deductions

► Attach to Form 1040.
► See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

2004

07

Your social security number
REDACTED 463

ARTHUR J. AND DONNA R. MATHERS

Medical
and
Dental
Expenses

Caution. Do not include expenses reimbursed or paid by others.

1 Medical and dental expenses (see instructions) 1

2 Enter amount from Form 1040, line 37. 2

3 Multiply line 2 by 7.5% (.075). 3

4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- 4

0.

Taxes You
Paid(See
instructions.)

5 State and local (check only one box):
a Income taxes, or 5 1,322.

b General sales taxes (see instructions) 6 777.

7 Real estate taxes (see instructions) 7 108.

8 Other taxes. List type and amount 8

2,207.

9 Add lines 5 through 8 9

Interest
You Paid(See
instructions.)

10 Home mtg interest and points reported to you on Form 1098 SEE STATEMENT 3 10 4,338.

11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ► 11

12 Points not reported to you on Form 1098. See instrs for spcl rules 12

13 Investment interest. Attach Form 4952 if required. (See instrs) 13

14 Add lines 10 through 13 14

4,338.

Gifts to
CharityIf you made
a gift and
got a benefit
for it, see
instructions.

15 Gifts by cash or check. If you made any gift of \$250 or more, see instructions SEE STATEMENT 4 15 1,658.

16 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500. 16 635.

17 Carryover from prior year 17

18 Add lines 15 through 17 18

2,293.

Casualty and
Theft Losses

19 Casualty or theft loss(es). Attach Form 4684. (See instructions) 19 0.

Job Expenses
and Most
Other
Miscellaneous
Deductions(See
instructions.)

20 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions) ► 20 1,678.

FORM 2106 (TAXPAYER) 1,678.

21 Tax preparation fees 21 1,839.

22 Other expenses — investment, safe deposit box, etc. List type and amount ► 22

23 Add lines 20 through 22 23 3,517.

24 Enter amount from Form 1040, line 37. 24 26,451.

25 Multiply line 24 by 2% (.02) 25 529.

2,988.

26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- 26

27 Other — from list in the instructions. List type and amount ► 27

0.

Total
Itemized
Deductions

28 Is Form 1040, line 37, over \$142,700 (over \$71,350 if MFS)?

No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 39.

Yes. Your deduction may be limited. See instructions for the amount to enter.

28 11,826.

REDACTED

PAL 0883

FILE D

140

Department of the Treasury
Internal Revenue Service (99)

the(s) shown on Form 1040

ARTHUR J. AND DONNA R. MATHEWS

OMB No. 1545-0174

200

12

Capital Gains and Losses

- Attach to Form 1040. ► See Instructions for Schedule D (Form 1040).
► Use Schedule D-1 to list additional transactions for lines 1 and 8.

Your social security number
REDACTED 7463

Part II Short-Term Capital Gains and Losses — Assets Held One Year or Less

(a) Description of property (Example: 100 shares XYZ Co.)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1 PUTNAM NEW OPPORTUNITIES	1.358Q VARIOUS	5/20/04	50.	0.	50.
2 Enter your short-term totals, if any, from Schedule D-1, line 2...	2				
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d).....	3	50.			
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824.....	4				
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1.....	5				
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions.....	6				
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f).....	7				50.

Long-Term Capital Gains and Losses — Assets Held More Than One Year

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
8					
9 Enter your long-term totals, if any, from Schedule D-1, line 9....	9				
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d).....	10				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824.....	11				
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1.....	12				
13 Capital gain distributions. See instrs.....	13				
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions.....	14				
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2.....	15				

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule D (Form 1040) 2004



Summary

16 Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, and then go to line 17 below.....

16 50.

17 Are lines 15 and 16 both gains?

Yes. Go to line 18.

No. Skip lines 18 through 21, and go to line 22.

18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions.....

18

19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions.....

19

20 Are lines 18 and 19 both zero or blank?

Yes. Complete Form 1040 through line 42, and then complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040. Do not complete lines 21 and 22 below.

No. Complete Form 1040 through line 42, and then complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, line 13, the smaller of:

- The loss on line 16 or
- (\$3,000), or if married filing separately, (\$1,500)

21

Note. When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b?

Yes. Complete Form 1040 through line 42, and then complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040.

No. Complete the rest of Form 1040.

Schedule D (Form 1040) 2004



SCHEDULE E

(1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

ARTHUR J. AND DONNA R. MATHERS

Supplemental Income and Loss

(From rental real estate, royalties, partnerships,

S corporations, estates, trusts, REMICs, etc)

► Attach to Form 1040 or Form 1041.

► See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

2004

13

Your social security number
REDACTED 7463

Income or Loss From Rental Real Estate and Royalties Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). Report farm rental income or loss from Form 4835 on page 2, line 40.

1	List the type and location of each rental real estate property:		
A	RENTAL PROPERTY REDACTED DONNER LAKE, CA		
B	RENTAL PROPERTY REDACTED CALISTOGA		
C			
Properties			
	A	B	C
3 Rents received	3	12,286.	11,200.
4 Royalties received	4		
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7	827.	
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11		
12 Mortgage interest paid to banks, etc (see instructions)	12	9,629.	6,073.
13 Other interest	13		
14 Repairs	14		
15 Supplies	15	152.	
16 Taxes	16	2,114.	763.
17 Utilities	17	244.	
18 Other (list) ►	18		
AMORTIZATION	19	16,002.	6,836.
PEST CONTROL	20	5,148.	2,800.
PLUMBING AND ELECTRICAL	21	21,150.	9,636.
TELEPHONE	22	-8,864.	1,564.
	23	-8,864.	
19 Add lines 5 through 18	19		22,838.
20 Depreciation expense or depletion (see instructions)	20		7,948.
21 Total expenses. Add lines 19 and 20			
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see instructions to find out if you must file Form 6198			
23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See instructions to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2			
24 Income. Add positive amounts shown on line 22. Do not include any losses	24		1,564.
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25		-8,864.
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 41 on page 2	26		-7,300.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule E (Form 1040) 2004

FD122301L 05/12/04

REDACTED

PAL 0886



251

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040

Alternative Minimum Tax – Individuals

► See separate instructions.
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0227

2004

32

Your social security number

REDACTED 7463

ARTHUR J. AND DONNA R. MATHERS

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 40, and go to line 2. Otherwise, enter the amount from Form 1040, line 37, and go to line 7. (If less than zero, enter as a negative amount).	14,625.
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4 or 2-1/2% of Form 1040, line 37.	
3	Taxes from Schedule A (Form 1040), line 9.	2,207.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions.	
5	Miscellaneous deductions from Schedule A (Form 1040), line 26.	2,988.
6	If Form 1040, line 37, is over \$142,700 (over \$71,350 if married filing separately), enter the amount from line 9 of the Itemized Deductions Worksheet in the Instructions for Schedules A and B (Form 1040).	
7	Tax refund from Form 1040, line 10 or line 21.	-1,313.
8	Investment interest expense (difference between regular tax and AMT).	
9	Depletion (difference between regular tax and AMT).	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount.	
11	Interest from specified private activity bonds exempt from the regular tax.	
12	Qualified small business stock (7% of gain excluded under section 1202).	
13	Exercise of incentive stock options (excess of AMT income over regular tax income).	
14	Estates and trusts (amount from Schedule K-1 (Form 1041), line 9).	
15	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6).	
16	Disposition of property (difference between AMT and regular tax gain or loss).	
17	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT).	
18	Passive activities (difference between AMT and regular tax income or loss).	1,344.
19	Loss limitations (difference between AMT and regular tax income or loss).	
20	Circulation costs (difference between regular tax and AMT).	
21	Long-term contracts (difference between AMT and regular tax income).	
22	Mining costs (difference between regular tax and AMT).	
23	Research and experimental costs (difference between regular tax and AMT).	
24	Income from certain installment sales before January 1, 1987.	
25	Intangible drilling costs preference.	
26	Other adjustments, including income-based related adjustments.	
27	Alternative tax net operating loss deduction.	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately, and line 28 is more than \$191,000, see instructions).	19,851.

Part II Alternative Minimum Tax

29 Exemption. (If this form is for a child under age 14, see instructions.)

AND line 28 is
not over THEN enter on
line 29

IF your filing status is	\$112,500.	\$40,250	29	58,000.
Single or head of household	150,000.	58,000		
Married filing jointly or qualifying widow(er)	75,000.	29,000		
Married filing separately				
If line 28 is over the amount shown above for your filing status, see instructions.				
30 Subtract line 29 from line 28. If zero or less, enter -0- here and on lines 33 and 35 and stop here.			30	0.
31 • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 55 here.			31	
• All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.				
32 Alternative minimum tax foreign tax credit (see instructions).			32	
33 Tentative minimum tax. Subtract line 32 from line 31.			33	0.
34 Tax from Form 1040, line 43 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 46). If you used Schedule J to figure your tax, the amounts for lines 43 and 46 of Form 1040 must be refigured without using Schedule J (see instructions).			34	
35 Alternative minimum tax. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 44.			35	0.

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIAS312L 11/24/04

Form 6251 (2004)

REDACTED

PAL 0887

2555-EZ

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on Form 1040

Foreign Earned Income Exclusion

OMB No. 1545-1326

2004

34A

Your social security number
REDACTED 454

DONNA R. MATHEWS

You May Use
This Form
If You:

- Are a U.S. citizen or a resident alien.
- Earned wages/salaries in a foreign country.
- Had total foreign earned income of \$80,000 or less.
- Are filing a calendar year return that covers a 12-month period.

And You:

- Do not have self-employment income.
- Do not have business/moving expenses.
- Do not claim the foreign housing exclusion or deduction.

Part I Tests To See If You Can Take the Foreign Earned Income Exclusion

1 Bona Fide Residence Test

a Were you a bona fide resident of a foreign country or countries for a period that includes an entire tax year (see instructions)? Yes No

- If you answered 'Yes,' you meet this test. Fill in line 1b and then go to line 3.
- If you answered 'No,' you do not meet this test. Go to line 2 to see if you meet the Physical Presence Test.

b Enter the date your bona fide residence began ► _____, and ended (see instructions) ► _____

2 Physical Presence Test

a Were you physically present in a foreign country or countries for at least 330 full days during —

2004 or
any other period of 12 months in a row starting or ending in 2004? Yes No

- If you answered 'Yes,' you meet this test. Fill in line 2b and then go to line 3.
- If you answered 'No,' you do not meet this test. You cannot take the exclusion unless you meet the Bona Fide Residence Test above.

b The physical presence test is based on the 12-month period from ► 9/13/03 through ► 9/12/04

3 Tax Home Test. Was your tax home in a foreign country or countries throughout your period of bona fide residence or physical presence, whichever applies? Yes No

- If you answered 'Yes,' you can take the exclusion. Complete Part II below and then go to page 2.
- If you answered 'No,' you cannot take the exclusion. Do not file this form.

Part II General Information

4 Your foreign address (including country)

REDACTED

SAN SEBASTAN 20013, SPAIN

5 Your occupation

DENTAL HYGIENE

6 Employer's name

7 Employer's U.S. address (including ZIP code)

8 Employer's foreign address

CLINICA DENTAL URUMEA

PASEO RAMON MARIA LILI, 7D, 2002
SAN SEBASTIAN, SPAIN

9 Employer is (check any that apply):

- a A U.S. business Yes No
- b A foreign business Yes No
- c Other (specify) ► _____ Yes No

10 a If you filed Form 2555 or 2555-EZ after 1981, enter the last year you filed the form. ► 2003b If you did not file Form 2555 or 2555-EZ after 1981, check here. ► and go to line 11a now.c Have you ever revoked the foreign earned income exclusion? Yes No

d If you answered 'Yes,' enter the tax year for which the revocation was effective. ► _____

11 a List your tax home(s) during 2004 and date(s) established. ► SPAIN - 8/15/2003b Of what country are you a citizen/national? ► U.S.A.

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 2555-EZ (2004)

REDACTED

PAL 0888

S-EZ (2004) DONNA R. MATHERS

Days Present in the United States — Complete this part if you were in the United States or its possessions during 2004.

(a) Date arrived in U.S.	(b) Date left U.S.	(c) Number of days in U.S. on business	(d) Income earned in U.S. on business (attach computation)
8/08/04	CONTINUES	0	0.

Part IV Figure Your Foreign Earned Income Exclusion

13 Maximum foreign earned income exclusion	13	\$ 80,000.
14 Enter the number of days in your qualifying period that fall within 2004.....	14	256 days
15 Did you enter 366 on line 14?.....	15	X 0.699
<input type="checkbox"/> Yes. Enter '1.000.'		
<input checked="" type="checkbox"/> No. Divide line 14 by 366 and enter the result as a decimal (rounded to at least three places). []		
16 Multiply line 13 by line 15.....	16	55,920.
17 Enter, in U.S. dollars, the total foreign earned income you earned and received in 2004 (see instructions). Be sure to include this amount on Form 1040, line 7.....	17	11,194.
18 Foreign earned income exclusion. Enter the smaller of line 16 or line 17 here and in parentheses on Form 1040, line 21. Next to the amount enter '2555-EZ.' On Form 1040, subtract this amount from your income to arrive at total income on Form 1040, line 22.....	18	11,194.

(ALLOCATION OF COMPENSATION) SEE STATEMENT 5

Form 2555-EZ (2004)



812

Additional Child Tax Credit

OMB No. 1545-1620

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

ARTHUR J. AND DONNA R. MATHEWS

2004

Attachment
Sequence No. 47Your social security number
REDACTED 7463

All Filers

1 Enter the amount from line 1 of your Child Tax Credit Worksheet in the Form 1040 or Form 1040A instructions. If you used Publication 972, enter the amount from line 8 of the worksheet on page 4 of the publication

1 1,000

2 Enter the amount from Form 1040, line 51, or Form 1040A, line 33.....

2 485

3 Subtract line 2 from line 1. If zero, stop; you cannot take this credit.....

3 515

4a Enter your total earned income. See the instructions.....

4a 39,274

b Nontaxable combat pay included on line 4a.....

4b

5 Is the amount on line 4a more than \$10,750?

No. Leave line 5 blank and enter -0- on line 6.

5 28,524

Yes. Subtract \$10,750 from the amount on line 4a. Enter the result.....

6 4,279

6 Multiply the amount on line 5 by 15% (.15) and enter the result.....

Next. Do you have three or more qualifying children?

No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part II and enter the smaller of line 3 or line 6 on line 13.

Yes. If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.

Part II Certain Filers Who Have Three or More Qualifying Children

7 Enter the total of the withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see the instructions

7

8 1040 filers: Enter the total of the amounts from Form 1040, lines 30 and 58, plus any uncollected social security and Medicare or tier 1 RRTA taxes included on line 62.

8

1040A filers: Enter -0-.

9

9 Add lines 7 and 8.....

10

10 1040 filers: Enter the total of the amounts from Form 1040, lines 65a and 66.

11

1040A filers: Enter the total of the amount from Form 1040A, line 41a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 43 (see instructions).

12

Subtract line 10 from line 9. If zero or less, enter -0-.....

Enter the larger of line 6 or line 11 here.....

Next, enter the smaller of line 3 or line 12 on line 13.

Part III Your Additional Child Tax Credit

13 This is your additional child tax credit

13 51

Enter this amount on
Form 1040, line 67, or
Form 1040A, line 42.

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8812 (2004)

FDIA3001L 11/09/04

REDACTED

PAL 0890

2106-EZ

Unreimbursed Employee Business Expenses

OMB No. 1545-1441

2004
54ADepartment of the Treasury (99)
Internal Revenue Service

Your name

ARTHUR J. MATHEWS

Occupation in which you incurred expenses
TEACHERSocial security number
REDACTED 7463

► Attach to Form 1040.

You May Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You do not get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2004.

Caution: You can use the standard mileage rate for 2004 only if: (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part II Figure Your Expenses

1	Vehicle expense using the standard mileage rate. Complete Part II and multiply line 8a by 37.5¢ (.375).....	1
2	Parking fees, tolls, and transportation, including train, bus, etc, that did not involve overnight travel or commuting to and from work.....	2
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment.....	3
4	Business expenses not included on lines 1 through 3. Do not include meals and entertainment.....	4 STATEMENT .6.....
5	Meals and entertainment expenses: \$ x 50% (.50) (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 70% (.70) instead of 50%. For details, see instructions.).....	5
6	Total expenses. Add lines 1 through 5. Enter here and on line 20 of Schedule A (Form 1040). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.).....	6 1,678.

Part III Information on Your Vehicle. Complete this part only if you are claiming vehicle expense on line 1.

7 When did you place your vehicle in service for business use? (month, day, year)..... ► -----

8 Of the total number of miles you drove your vehicle during 2004, enter the number of miles you used your vehicle for:

a Business b Commuting c Other

9 Do you (or your spouse) have another vehicle available for personal use? Yes No

10 Was your vehicle available for personal use during off-duty hours? Yes No

11a Do you have evidence to support your deduction? Yes No

b If 'Yes,' is the evidence written? Yes No

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 2106-EZ (2004)



REDACTED

PAL 0891

3283

October 1998

Department of the Treasury
Internal Revenue Service

Name(s) shown on your income tax return

ARTHUR J. AND DONNA R. MATHEWS

Noncash Charitable Contributions

OMB No. 1545-0908

► Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.
► See separate instructions.

55

Identifying number
REDACTED 7463

Note: Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A — List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is over \$5,000 (see instructions).

Part I Information on Donated Property — If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) Description of donated property
A	ST HELENA CATHOLIC CHURCH 1340 TANTER STREET ST HELENA, CA 94574-1944	CLOCK, RELIGIOUS ICONS, SUITCASE
B		
C		
D		
E		

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

(c)	Date of the contribution	(d)	Date acquired by donor (mo, yr)	(e)	How acquired by donor	(f)	Donor's cost or adjusted basis	(g)	Fair market value	(h)	Method used to determine the fair market value
A	10/10/04	VARIOUS		PURCHASE		1,000.		635.	THRIFT SHOP VALUE		
B											
C											
D											
E											

Part II Other Information — Complete line 2 if you gave less than an entire interest in property listed in Part I. Complete line 3 if conditions were attached to a contribution listed in Part I.

2 If, during the year, you contributed less than the entire interest in the property, complete lines a - e.

a Enter the letter from Part I that identifies the property ► _____ If Part II applies to more than one property, attach a separate statement.

b Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year ► _____
(2) For any prior tax years ► _____

c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town

State ZIP code

d For tangible property, enter the place where the property is located or kept

e Name of any person, other than donee organization, having actual possession of the property ► _____

3 If conditions were attached to any contribution listed in Part I, answer questions a - c and attach the required statement (see instructions):

a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? _____

b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? _____

c Is there a restriction limiting the donated property for a particular use? _____

Yes	No

BAA For Paperwork Reduction Act Notice, see separate instructions.

FD121834L 07/24/02

Form 8283 (Rev 10-98)

REDACTED

PAL 0892

2004

62

3903

Department of the Treasury
Internal Revenue Service (99)
Form 3903
(5) shown on Form 1040

Moving Expenses

► Attach to Form 1040.

ARTHUR J. AND DONNA R. MATHERS

Before you begin:

✓ See the Distance Test and Time Test in the instructions to find out if you can deduct your moving expenses.
✓ If you are a member of the Armed Forces, see the instructions to find out how to complete this form.Your social security number
REDACTED 7463

- 1 Enter the amount you paid for transportation and storage of household goods and personal effects (see instructions).....
- 2 Enter the amount you paid for travel and lodging in moving from your old home to your new home (see instructions). Do not include the cost of meals.....
- 3 Add lines 1 and 2.....
- 4 Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in the wages box (box 1) of your Form W-2. This amount should be shown in box 12 of your Form W-2 with code P.....
- 5 Is line 3 more than line 4?

No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7.

Yes. Moving expense deduction. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 29.....

BAA For Paperwork Reduction Act Notice, see separate instructions.

1	2,485.
2	4,078.
3	6,563.
4	
5	6,563.

Form 3903 (2004)

FDIA3701L 10/19/04
REDACTED

PAL 0893

4562

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions.
Attach to your tax return.

OMB No. 1545-0172

2004

67

Identifying number
REDACTED 7463Name(s) shown on return
ARTHUR J. AND DONNA R. MATHEWS

Business or activity to which this form relates

SCHEDULE E (RENTAL) - RENTAL PROPERTY**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See instructions for a higher limit for certain businesses.....	1	\$102,000.
2 Total cost of section 179 property placed in service (see instructions).....	2	
3 Threshold cost of section 179 property before reduction in limitation.....	3	\$410,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.....	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property. Enter the amount from line 29.....		7		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.....		8		
9 Tentative deduction. Enter the smaller of line 5 or line 8.....		9		
10 Carryover of disallowed deduction from line 13 of your 2003 Form 4562.....		10		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs).....		11		
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.....		12		
13 Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12..... ► 13				

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

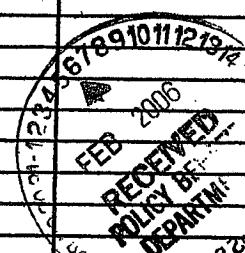
14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions).....	14	
15 Property subject to section 168(f)(1) election (see instructions).....	15	
16 Other depreciation (including ACRS) (see instructions).....	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A						
17 MACRS deductions for assets placed in service in tax years beginning before 2004.....	17	2,800.				
18 If you are electing under section 168(j)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here..... ► <input type="checkbox"/>						

Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property.....						
b 5-year property.....						
c 7-year property.....						
d 10-year property.....						
e 15-year property.....						
f 20-year property.....						
g 25-year property.....			25 yrs		S/L	
h Residential rental property.....			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property.....			39 yrs	MM	S/L	
				MM	S/L	

**Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System**

20a Class life.....					S/L	
b 12-year.....			12 yrs		S/L	
c 40-year.....			40 yrs	MM	S/L	

Part IV Summary (see instructions)						
21 Listed property. Enter amount from line 28.....			21			
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions.....			22			2,800.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.....	23					

BAA For Paperwork Reduction Act Notice, see separate instructions.

FD120812L 09/30/04

Form 4562 (2004)

REDACTED

PAL 0894

4562

Department of the Treasury
Internal Revenue ServiceDepreciation and Amortization
(Including Information on Listed Property)See separate instructions.
► Attach to your tax return.

2004

67

Identifying number
REDACTED 7463Name(s) shown on return
ARTHUR J. AND DONNA R. MATHEWS

Business or activity to which this form relates

SCHEDULE E (RENTAL) - RENTAL PROPERTY

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See instructions for a higher limit for certain businesses.....	1	\$102,000.
2 Total cost of section 179 property placed in service (see instructions).....	2	
3 Threshold cost of section 179 property before reduction in limitation.....	3	\$410,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.....	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property. Enter the amount from line 29.....	7		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.....	8		
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9		
10 Carryover of disallowed deduction from line 13 of your 2003 Form 4562.....	10		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs).....	11		
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.....	12		
13 Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12..... ► 13			

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions).....	14	705.
15 Property subject to section 168(f)(1) election (see instructions).....	15	
16 Other depreciation (including ACRS) (see instructions).....	16	

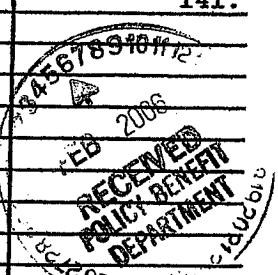
Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2004.....	17	4,302.
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here..... ► <input type="checkbox"/>		

Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property.....						
b 5-year property.....		704.	5	HY	200DB	141.
c 7-year property.....						
d 10-year property.....						
e 15-year property.....						
f 20-year property.....						
g 25-year property.....			25 yrs		S/L	
h Residential rental property.....			27.5 yrs	MM	S/L	
i Nonresidential real property.....			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	



Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20a Class life.....					S/L	
b 12-year.....			12 yrs		S/L	
c 40-year.....			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28.....	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions.....	22	5,148.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.....	23	

BAA For Paperwork Reduction Act Notice, see separate instructions.

REDACTED

PAL 0895

562 (2004)

Listed Property

Use this section to determine if you can deduct the cost of telephones, certain computers, and property used for entertainment.

Note: For any property listed in columns (a) through (d), if you are deducting lease rate or deducting lease expense, complete only 24a, 24b, 24c, and 24d. If you are deducting the cost of the property, complete 24a, 24b, 24c, and 24d, and complete Section C if applicable.

Section A

(See instructions for limits for passenger automobiles.)

24a Do you have evidence of the property?	Yes	No	24b If 'Yes,' is the evidence written?	Yes	No
---	-----	----	--	-----	----

24a	(a) Type of property (see vehicles first)	(b) Date property placed in service	(c) Original cost of property	(d) Depreciation deduction	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25	Special depreciable property used more than 50% for business (see instructions)							25	

26	Property used more than 50% for business use (see instructions):								

27	Property used more than 50% for qualified business use (see instructions):								

28	Enter the total for lines 30, lines 25 through 27. Enter here and on line 21, page 1.....	28							
29	Enter the total for line 30, line 26. Enter here and on line 7, page 1.....	29							

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30	Total business/investment miles driven during the year (do not include commuting miles – see instructions).....	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
		Yes	No	Yes	No	Yes	No
31	Total commuting miles driven during the year.....						
32	Total other personal (noncommuting) miles driven.....						
33	Total miles driven during the year. Add lines 30 through 32.....						
34	Was the vehicle available for personal use during off-duty hours?.....						
35	Was the vehicle used primarily by a more than 5% owner or related person?.....						
36	Is another vehicle available for personal use?.....						

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?.....	Yes	No
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners.....		
39	Do you treat all use of vehicles by employees as personal use?.....		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?.....		
41	Do you meet the requirements concerning qualified automobile demonstration use? (see instructions).....		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	---------------------------------	---------------------------	---------------------	--	-----------------------------------

42	Amortization of costs that begins during your 2004 tax year (see instructions):				
43	Amortization of costs that began before your 2004 tax year.....	43			101.
44	Total. Add amounts in column (f). See instructions for where to report.....	44			101.

FD120812L 09/30/04

Form 4562 (2004)

REDACTED

PAL 0896

► Attach to Form 1040 or Form 1040A.
► See instructions.

2004

129

ARTHUR J. AND DONNA R. MATHEWS

Your social security number
REDACTED 7463

CAUTION: You cannot take this credit if either of the following applies.

- The amount on Form 1040, line 37, or Form 1040A, line 22, is more than \$25,000 (\$37,500 if head of household; \$50,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1987, (b) is claimed as a dependent on someone else's 2004 tax return, or (c) was a student (see instructions).

	(a) You	(b) Your spouse
1 Traditional and Roth IRA contributions for 2004. Do not include rollover contributions.....	1	
2 Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2004 (see instructions).....	2	475.
3 Add lines 1 and 2.....	3	475.
4 Certain distributions received after 2001 and before the due date (including extensions) of your 2004 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception.....	4	
5 Subtract line 4 from line 3. If zero or less, enter -0-.....	5	475.
6 In each column, enter the smaller of line 5 or \$2,000.....	6	475.
7 Add the amounts on line 6. If zero, stop; you cannot take this credit.....	7	475.
8 Enter the amount from Form 1040, line 37*, or Form 1040A, line 22.....	8	37,645.

9 Enter the applicable decimal amount shown below:

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
Enter on line 9—				
---	\$15,000	.5	.5	.5
\$15,000	\$16,250	.5	.5	.2
\$16,250	\$22,500	.5	.5	.1
\$22,500	\$24,375	.5	.2	.1
\$24,375	\$25,000	.5	.1	.1
\$25,000	\$30,000	.5	.1	.0
\$30,000	\$32,500	.2	.1	.0
\$32,500	\$37,500	.1	.1	.0
\$37,500	\$50,000	.1	.0	.0
\$50,000	---	.0	.0	.0

Note: If line 9 is zero, stop; you cannot take this credit.

10 Multiply line 7 by line 9.....	10	48.
11 Enter the amount from Form 1040, line 45, or Form 1040A, line 28.....	11	533.
12 Enter the total of your credits from Form 1040, lines 46 through 49, or Form 1040A, lines 29 through 31.....	12	
13 Subtract line 12 from line 11. If zero, stop; you cannot take this credit.....	13	533.
14 Credit for qualified retirement savings contributions. Enter the smaller of line 10 or line 13 here and on Form 1040, line 50, or Form 1040A, line 32.....	14	48.

*See Publication 590 for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.
BAA For Paperwork Reduction Act Notice, see instructions.

Form 8880 (2004)



FDIA9501L 02/08/05

REDACTED

PAL 0897

11/3/11

2004 FEDERAL DEFENSE BUDGET

ARTHUR J. AND DONNA B. MATTHEWS

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PAL 0898



12/31/04

2004 FEDERAL DEPRECIATION SCHEDULE

ARTHUR J. AND DONNA R. MATHEWS

REDACTED

PAGE 2

FAL 0899

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ Bonus/ ALLOW.	SPECIAL DEPR.	PRIOR 179/ Bonus/ DEPR.	PRIOR SALVAG /BASIS	DEC. BAL.	DEPR. BASIS	PRIOR DEPR.	PRIOR DEPR.	CURRENT DEPR.
LAND														
6 LAND - CALISTOGA														
TOTAL LAND				33,000		0	0	0	0	0	33,000		0	0
TOTAL DEPRECIATION				110,000		0	0	0	0	0	110,000		1,050	0
FORM 2106 - ARTHUR J. MATHEWS (TEACHER)														
MACHINERY AND EQUIPMENT														
1 COMPUTER		4/23/03		1,100	85.00		281		654	109	S/L HY 3	.33330		218
TOTAL MACHINERY AND EQUIPMENT				1,100		0	281	0	0	654		109		218
TOTAL DEPRECIATION				1,100		0	281	0	0	654		109		218
GRAND TOTAL AMORTIZATION				3,040		0	0	0	0	0	3,040		101	218
GRAND TOTAL DEPRECIATION				230,814		0	705	281	0	0	229,663		101	7461

REDACTED



12/31/04

2004 FEDERAL ALTERNATIVE MINIMUM TAX DEDUCTION

ARTHUR J. AND DONNA R. MATHEWSSON

PAGE

REDACTED 7463

REDACTED

12/31/04

2004 FEDERAL ALTERNATIVE MINIMUM TAX DEPRECIATION SCHEDULE

ARTHUR J. AND DONNA R. MATHEWS

PAGE 2
REDACTED

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	AMT BASIS	AMT PRIOR DEPR.	AMT METHOD LIFE	AMT RATE DEPR.	REG. DEPR.	OWN ECL.	POST-86 DEPR. ADJ.	REAL PROP. PER	LEAS. PER PROP. PER
FORM 2106 - ARTHUR J. MATHEWS (TEACHER)												
MACHINERY AND EQUIPMENT												

1 COMPUTER	4/23/03	654	109	S/L HY	3 .33330	218	218					
------------	---------	-----	-----	--------	----------	-----	-----	--	--	--	--	--

TOTAL MACHINERY AND EQUIPMENT		654	109			218	218					
TOTAL DEPRECIATION						218	218	0	0	0		
GRAND TOTAL DEPRECIATION						218	218	0	0	0		
						6,117	7,461	1,344	0	0		
		229,663	4,117									



REDACTED

1040

Department of the Treasury — Internal Revenue Service

U.S. Individual Income Tax Return

2003

(99) IRS Use Only — Do not write or staple in this space.

el
instructions.)the
label.
otherwise,
ease print
type.Presidential
Election
Campaign
(See instructions.)

For the year Jan 1 - Dec 31, 2003, or other tax year beginning

, 2003, ending

, 20

OMB No. 1545-0074

Your social security number

REDACTED

7463

Spouse's social security number

REDACTED

4454

Your first name **MI** Last nameIf a joint return, spouse's first name **MI** Last name

DONNA R. MATHEWS

Home address (number and street). If you have a P.O. box, see instructions.

Apartment no.

REDACTED

City, town or post office. If you have a foreign address, see instructions.

State ZIP code

CALISTOGA, CA 94515

▲ Important! ▲
You must enter your social security number(s) above.► Note: Checking 'Yes' will not change your tax or reduce your refund.
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ► Yes No Yes No

Filing Status

1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above & full name here. ►

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ►

5 Qualifying widow(er) with dependent child. (See instructions.)

Check only one box.

Exemptions

6a Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.

b Spouse.

No. of boxes checked on 6a and 6b. 2

No. of children on 6c who:

• Lived with you. 1

• did not live with you due to divorce or separation (see instrs.)

Dependents on 6c not entered above.

Add numbers on lines above. 3

d Total number of exemptions claimed. 3

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 77,074.

8a Taxable interest. Attach Schedule B if required. 8a 14.

b Tax-exempt interest. Do not include on line 8a. 8b

9a Ordinary dividends. Attach Schedule B if required. 9a

b Qual. divs. (see instrs.) 9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions). 10 1,187.

11 Alimony received. 11

12 Business income or (loss). Attach Schedule C or C-EZ. 12

13a Capital gain or (loss). Alt Sch D if reqd. If not reqd, ck here. 13a

b If box 13a is checked, enter post-May 5 capital gain distributions. 13b

14 Other gains or (losses). Attach Form 4797. 14

15a IRA distributions. 15a b Taxable amount (see instrs). 15b

16a Pensions and annuities. 16a b Taxable amount (see instrs). 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 17 -16,479.

18 Farm income or (loss). Attach Schedule F. 18

19 Unemployment compensation. 19

20a Social security benefits. 20a b Taxable amount (see instrs). 20b

21 Other income FORM 2555. 21 -1,576.

22 Add the amounts in the far right column for lines 7 through 21. This is your total income. 22 60,220.

If you did not
get a W-2, see
instructions.Enclose, but do
not attach, any
payment. Also,
please use
Form 1040-V.Adjusted
Gross
Income

23 Educator expenses (see instructions). 23

24 IRA deduction (see instructions). 24

25 Student loan interest deduction (see instructions). 25

26 Tuition and fees deduction (see instructions). 26 3,000.

27 Moving expenses. Attach Form 3903. 27 12,124.

28 One-half of self-employment tax. Attach Schedule SE. 28

29 Self-employed health insurance deduction (see instrs). 29

30 Self-employed SEP, SIMPLE, and qualified plans. 30

31 Penalty on early withdrawal of savings. 31

32a Alimony paid b Recipient's SSN. 32a

33 Add lines 23 through 32a. 33 15,124.

34 Subtract line 33 from line 22. This is your adjusted gross income. 34 45,096.

REDACTED

(Do not detach)

Notice to
ApplicantTo Be
Completed
by the IRS

We have approved your application.



We have not approved your application.

However, we have granted a 10-day grace period to _____ This grace period is
considered a valid extension of time for elections otherwise required to be made on a timely return.We have not approved your application. After considering the information you provided in item 2 above, we cannot grant
your request for an extension of time to file. We are not granting a 10-day grace period.

We cannot consider your application because it was filed after the due date of your return.



Other

M. A. O'Brien

Director

Date

Return Label (Please type or print)	Taxpayer's name (and agent's name, if applicable). If a joint return, also give spouse's name.		Taxpayer's social security number Redacted 7463
	ARTHUR J. MATHEWS DONNA R. MATHEWS KHOO & COMPANY, INC. Number and street (include suite, room, or apt. no.) or P.O. box number 2240 UNION STREET, SUITE 101 City, town or post office SAN FRANCISCO, CA 94123		
	State	ZIP Code	Agents: Always include taxpayer's name on return label.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

FDIA3401L 08/22/03

Form 2688 (2003)



REDACTED

PAL 0903